		Witness Statement Ref. No. 060/
NAME OF C	HILD: Adam	Strain
Name: Patrici	ía Conway	
Title: Mrs		
	on and institu	
Health Visitor	, Bessbrook He	alth Centre, Newry and Mourne Trust
[As at the time of	tion and institute of the child's dealer Theatt	
Membership [Identify by date	of Advisory Pa e and title all of	nnels and Committees: those between January 1995-December 2004]
		itions and Reports: see made in relation to the child's death]
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OFFICIAL USE List of previous	E: statement, depos	itions and reports attached:
Ref:	Date:	
	On the state of th	

## Particular areas of interest

[Please attach additional sheets if more space is required]

- 1. Describe in detail your role during in relation to Adam's transplant surgery, identifying:
  - (i) any records that you took;
  - (ii) to whom you provided the information; and
  - (iii) when.

I recall that I was on night duty on the night of 26<sup>th</sup> November 1995. We prepared theatre for Adam's renal transplant and prepared the instrument sets.

Gillian Popplestone, Staff Nurse came on duty early on 27<sup>th</sup> November 1995 to 'scrub' for surgery. I counted out the swabs, instruments and blades pre-operatively and recorded this in the notes (058-007-020).

I 'handed over' the information to Janie Mathewson, Staff Nurse at 8am on 27<sup>th</sup> November 1995 and I went off duty.

Other points you wish to make including additions to any previous Statements, Depositions and or Reports [Please attach additional sheets if more space is required]				
THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF				
Signed: Pateria M Consay. Dated: 29/6/05.				